

## North Carolina's Pre-White House Conference on Aging Event Post-Event Summary Report

**Name of Event:** *"North Carolina Speaks to the 2005 White House Conference on Aging"*

**Date of Event:** May 28, 2005

**Location of Event:** Raleigh, North Carolina

**Number of Persons Attending:** 146

**Sponsoring Organization(s):** The NC Governor's Advisory Council on Aging, the NC Division of Aging and Adult Services, the NC Association of Area Agencies on Aging, NC-AARP, Pfizer, and the UNC-Chapel Hill Institute on Aging

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Please follow this format for each priority area with the most important listed first.

**\*\*In North Carolina, the decision was made that all five priority areas were of equal importance. Thus, the following priorities are listed in random order. In addition, the "Whereas" section serves as our description of the issue, and the "Therefore" section serves as the proposed solution to the issue.**

### **1. Reauthorizing and Strengthening the Older Americans Act**

- 1 WHEREAS the Older Americans Act (OAA) of 1965 has offered for 40 years a vital framework for envisioning, articulating and supporting policies and programs to help senior adults and their families;
- 2 WHEREAS the Older Americans Act is up for reauthorization by the 109<sup>th</sup> Congress in 2005;
- 3 WHEREAS our nation faces major challenges in demographics with the longer life expectancy of individuals, including the aging of the 78 million baby boomers—the oldest of whom will become eligible for most OAA services during the next reauthorization period;
- 4 WHEREAS the OAA, while successfully serving seniors with greatest social and economic need, is available to all senior adults;
- 5 WHEREAS OAA programs are cost-effective and make a real difference in helping senior adults remain at home and in the community; and
- 6 WHEREAS North Carolina's leading Aging advocates strongly endorse reauthorization of the Older Americans Act and increased funding for its programs, and have identified specific measures to strengthen the Older Americans Act for the future;<sup>1</sup>

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 7 Provide a period of reauthorization of at least five years, with the assurance of adequate funding;
- 8 Support flexibility in the allocation of resources and the provision of services;
- 9 Reestablish a strong Federal Council on Aging, composed of advocates who are senior adults, to advise the U.S. Department of Health and Human Services and other federal agencies on national aging policy matters vital to our nation;
- 10 Support changes to the Aging Network and OAA programs to respond to emerging needs and opportunities including the aging boomers, persons with developmental disabilities, and the increasing diversity among senior adults;

- 11 Evaluate the potential of the Senior Center concept for meeting the needs of the escalating numbers of senior adults;
- 12 Strengthen the national Family Caregiver Support Program (Title III Part E) by: (a) expanding the definition of ‘child’ to include adult children with disabilities; and (b) integrating the Alzheimer’s demonstration initiative;
- 13 Broaden and strengthen Title III Part D, with adequate funding for evidenced-based prevention and health promotion;
- 14 Encourage and support development and implementation of consumer-directed service delivery methods that promote the independence, autonomy, choice, and control for senior adults and their caregivers;
- 15 Protect senior adults against financial fraud, abuse, and exploitation; and
- 16 Establish and fund a new Title under the OAA to support State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies in undertaking time-limited initiatives to help communities prepare for the rapid aging of America and the increased longevity and diversity of today’s senior adults.

## **2. Promoting the Livability and Senior-Friendliness of Communities**

- 1 WHEREAS our nation is in the midst of an aging boom—with the first wave of the 78 million baby boom generation turning 65 in 2011—and older people living longer and staying healthier and more active much later in life;
- 2 WHEREAS there are many vital factors to healthy and active living that can be influenced by local, state, and national public policies pertaining to such areas as health and human services, land use, housing, transportation, public safety, taxes, workforce and economic development, education and lifelong learning, volunteerism and civic engagement;
- 3 WHEREAS housing and transportation are especially vital to supporting the desire of seniors to remain in their communities;
- 4 WHEREAS individuals, government and private interests share responsibility for the quality of life for people of all ages—recognizing that what is ‘friendly’ for seniors is generally ‘people-friendly’ and also acknowledging that there are some interests and needs that may be unique to seniors;
- 5 WHEREAS the creation of livable and senior-friendly communities is a wise economic investment for public and private interests; and
- 6 WHEREAS leading Aging advocates in North Carolina strongly support efforts to enhance the livability and senior-friendliness of their communities;<sup>ii</sup>

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 7 Require the Secretary of the federal Department of Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor’s Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing community living for senior adults, and make recommendations for change.
- 8 Encourage local planning and development activities for smart growth and senior-friendly communities through relevant studies, reports, conferences, and incentive grants;
- 9 Promote a broad view of livable, senior-friendly communities that includes the availability of a comprehensive system of services and supports, such as “senior friendly built-environments’ that include road safety and walk-able neighborhoods with direct access to home and community-based services;
- 10 Adequately fund affordable housing and transportation options, with special consideration given to the challenges of rural areas;
- 11 Establish and fund a new program within the Corporation for National and Community Service, coordinated with State Units on Aging and Area Agencies on Aging, that would promote senior volunteers working for the furtherance of livable and senior-friendly communities;

- 12 Assure the availability of strong Senior Centers that can serve as focal points for the entire community in providing information and entry to an array of services and activities; and
- 13 Establish and fund for the next five years a National Resource Center on Livable and Senior-Friendly Communities that would help State Units on Aging, Area Agencies on Aging and Title VI Native American Agencies in their promotion of developing livable and senior-friendly communities.

### **3. <sup>iii</sup>Assuring the Well-Being of Aging Veterans**

- 1 WHEREAS there were more than 26.4 million veterans in the United States and Puerto Rico as of the 2000 US Census, composing about 13 percent of the adult civilian population;
- 2 WHEREAS the median age of civilian veterans aged 18 and over was 57.4 in the year 2000;
- 3 WHEREAS nearly 3 of every 10 veterans (29.1 %) were disabled, with 1 in 3 Korean War veterans and almost 1 in 2 World War II veterans;
- 4 WHEREAS the 2005 Budget approved by Congress offered a zero net gain for the veterans health care system;
- 5 WHEREAS the Administration's proposed budget for the VA medical system is considered by the N.C. Disabled American Veterans to be "one of the most tight-fisted, miserly budgets for veterans in recent memory" in "shift[ing] much of the cost burden on the back of veterans by increasing 'co-payment' fees and imposing 'enrollment fees' on veterans who enter the VA system;";
- 6 WHEREAS currently the VA can only collect from insurance companies, and not from Medicare or Tricare;
- 7 WHEREAS an increasing number of new veterans of the Iraq War and other encounters will need the full continuum of medical care, rehabilitation and other assistance well into the latter half of this century;
- 8 WHEREAS many state veterans homes have occupancy rates of nearly 100 percent and some have long waiting lists;
- 9 WHEREAS veterans and their families suffer with inadequate end-of-life care that should include hospice and home care; and
- 10 WHEREAS veterans are often not well represented on planning and participating boards at all levels of private and governmental activities;

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 11 Adequately fund the nation's VA health care system to assure quality and timely assistance, including compassionate end-of-life care;
- 12 Permit VA facilities to receive payment from Medicare and Tricare, at least for veterans who must make co-payment for services;
- 13 Protect veterans against unreasonable financial burdens that include excessive fees for service;
- 14 Require adequate representation of veterans on the all relevant federal, state and local governmental bodies involved in planning, development and oversight of services and benefits for senior adults, including the proposed Federal Council on Aging;
- 15 Support an adequate number of state veteran homes to assure availability of this form of care and allow the VA to enter into a contract with such homes as it does with private facilities; and
- 16 Support home and community care options that are responsive to the needs and preferences of veterans and their family caregivers.

#### **End-Notes Specific to North Carolina**

- The N.C. Disabled American Veterans has 65 chapters over North Carolina, and 40,000 members with an average age past 60.
- Nearly 27 percent of North Carolina's population aged 65 and older are veterans, ranging among counties from 16 to 38 percent.

- Testimony for the N.C. Disabled American Veterans provided by E. T. Townsend, who has served twice as the state D.A.V. commander, once as commander of the N.C. Veterans Council, and twice as the CEO of the Retired Officers N.C. Council of Chapters. Other groups voicing support for veterans as a policy priority includes: the N.C. Coalition on Aging.

#### **4. Rebalancing Long-Term Care to Respect the Interests of Individuals and Families**

- 1 WHEREAS in *Olmstead v. L.C.*, the United States Supreme Court held that unjustified  
institutionalization of individuals violates the Americans with Disabilities Act and called upon public  
policy to support services to citizens with disabilities in the least restrictive environment appropriate to  
their needs;
- 2 WHEREAS there is a Medicaid bias towards institutionalization in that federal law *requires* state  
Medicaid programs to cover nursing home services for persons aged 21 and older but gives states the  
*option* to cover home and community-based services, and requires states to request *special permission*  
or *waivers* for in-home alternatives to institutional care;
- 3 WHEREAS the Social Services Block Grant (SSBG) or Title XX of the Social Security Act, which  
helps serve vulnerable older adults, has seen its funding decline from a high of \$2.8 billion in fiscal year  
1995 to the current appropriation of \$1.7 billion;
- 4 WHEREAS Title III-B of the Older Americans Act (OAA), which supports a wide array of home and  
community-based services, saw a reduction of \$3 million in the fiscal year 2004 federal appropriation  
of \$354 million from what was appropriated in 2002;
- 5 WHEREAS more than 90 percent of persons aged 65 and older with disabilities who need help with  
daily activities are assisted by family and other unpaid informal caregivers, including more than three-  
quarters (78%) who get their care exclusively from unpaid family and friends, at an estimated annual  
value of \$257 billion—often at the financial burden of these caregivers;<sup>iv</sup>
- 6 WHEREAS there is a projected drop nationally in the ratio of ‘traditional’ direct care workers per  
person age 85 and older from 16.1 workers in the year 2000 to 5.7 workers in the year 2040, making  
informal caregiving and consumer-directed supports all the more important;<sup>v</sup> and
- 7 WHEREAS individuals prefer to stay at home and in their communities as long as possible.

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 8 Develop a national long-term care policy, with direct involvement from the newly constituted, Federal  
Council on Aging, to assure a balanced long-term care system that supports senior adults and persons  
with disabilities and their families in making their own choices with regard to living arrangements and  
services provided in the least restrictive setting;
- 9 Require the Secretary of the federal Department of Health and Human Services to examine and report  
annually for the next ten years to the President, Congress, the National Governor’s Association, and the  
newly constituted Federal Council on Aging about the extent to which federal policies are supporting or  
obstructing a balanced long-term care system, and make appropriate recommendations for change;
- 10 Broaden and strengthen the role of State Units on Aging, Area Agencies on Aging, and Title VI Native  
American Agencies in helping identify and eliminate any institutional bias in the long-term care system;
- 11 Make additional in-home and community-based care a priority by increasing funds provided through  
the Older Americans Act, the Social Services Block Grant, and by modifying Medicare and Medicaid  
policies to support services provided in the home and community care settings;
- 12 Reform Medicaid to eliminate the need for special “waivers” to enable states to offer alternatives to  
institutional care;
- 13 Assure adequate support for case management, the provision of home modifications, and personal  
assistance services through both Medicare and Medicaid;
- 14 Address the shortage of direct care workers and professionals trained for geriatric care in all settings;

- 15 Stimulate, respect, and support the assumption of personal and familial responsibility for long-term care, to include a federal income tax credit for private long-term care insurance and the standardization of benefit options similar to what is available for Medicare supplemental coverage, to assure support of consumer-choice and care in the least restrictive setting;<sup>vi</sup> and
- 16 Increase funds for the National Caregiver Support Program and the Alzheimer’s Demonstration Grant Program and offer a tax credit for family caregivers.

## **5. Promote Income Security as a Shared Responsibility**

- 1 WHEREAS Social Security has enjoyed public support for 70 years and today provides at least 50 percent of the total income for two-thirds of older Americans and is the sole source for 20 percent;
- 2 WHEREAS the Supplemental Security Income (SSI) program provides a guaranteed monthly benefit payment to persons who are aged, blind and disabled, and whose income and other resources are at or below a minimal subsistence level;
- 3 WHEREAS Medicare is the primary insurance provider for most senior adults but Medicare recipients are not guaranteed access to covered services and experience the costs of such uncovered services as dental, vision and hearing care;
- 4 WHEREAS, even with the inclusion of the prescription drug benefit under Medicare, senior adults and non-Medicare adults have to pay high out-of-pocket costs for medicine;
- 5 WHEREAS the number of aging Boomers and other non-Medicare consumers without health insurance is increasing;<sup>vii</sup>
- 6 WHEREAS the employment-based pension system in the United States has undergone significant change, with the shrinkage of private pension coverage;
- 7 WHEREAS the majority of people approaching retirement age believe they will have to work for financial reasons; and
- 8 WHEREAS the U.S. Department of Commerce reports significant signs of economic insecurity as evidenced by low personal savings and high consumer debt.<sup>viii</sup>

- THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:
- 9 Stimulate and support assumption of personal, family and employer responsibility for income security;
  - 10 Require the Secretaries of the federal Departments of Commerce, Labor, and Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor’s Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing economic security for current senior adults and aging baby boomers, and make recommendations for change;
  - 11 Maintain Social Security’s current structure and purpose;
  - 12 Support personal savings and investment options that are in addition to, not in place of, Social Security—with consideration for the use of tax incentives<sup>ix</sup>
  - 13 Maintain the solvency of Medicare without reducing its current benefit package;
  - 14 Assure access to affordable health care for people of all ages that could include a basic national health benefit program, if it is streamlined and simplified, with variable co-pays based on income levels, and/or make employer health insurance more available and affordable;
  - 15 Strengthen access to affordable medications through steps that could include government negotiation of drug prices, allowing purchase of drugs from Canada, adequate support of medication management programs to help senior adults use drugs wisely, and efforts to gradually fill the prescription drug benefit coverage gap, or “donut hole”;
  - 16 Support programs designed to upgrade the skills of our aging workforce, sensitize employers to the capabilities of older worker, and address any age discrimination in the workplace; and
  - 17 Strengthen protections against financial fraud, abuse and exploitation.

<sup>i</sup> The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) preserve the Older Americans Act by reauthorizing it and assuring adequate funds, (2) establish a strong council composed of seniors at the federal level to advise on national aging policy matters, (3) increase funding of Senior Centers, (4) assure adequate protections and exercise of rights for residents of long-term care facilities and expand support of elder rights programs, such as the long-term care ombudsman program, legal assistance, and elder abuse and exploitation, and (5) maintain the U.S. Senate Special Committee on Aging and reinstate a committee on aging in the U.S House. The N.C. Association of Area Agencies on Aging, based on input from numerous local and regional forums, included among its priorities: (1) reauthorization of the OAA with adequate federal funding for home and community care, (2) support for the national Family Caregiver Support Program, (3) consumer-directed care, including in support of family caregivers, (4) strengthen the Long-Term Care Ombudsman Program, and (5) improved funding and coordination at the federal level for transportation services. The N.C. Association of County Directors of Social Services included among its priorities: (1) support for reauthorization of the Older Americans Act, including increased funding to assure home-based care and community services; (2) support of family caregivers, and (3) support for reauthorization of present funding for TANF, which currently supports grandparents caring for and raising their grandchildren.

<sup>ii</sup> The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) strengthen the availability of affordable housing designed to maximize independence; (2) strengthen end-of-life care that seeks to meet the wishes of the individual; and (3) expand geriatric training of health care workers; (4) strengthen protections against financial fraud, abuse and exploitation, and (4) increase funding of Senior Centers. Other groups speaking in support of this resolution included the N.C. Coalition on Aging, the N.C. Association of County Commissioners, and the N.C. Association of Area Agencies on Aging.

<sup>iii</sup> Groups speaking in support of this resolution included: the North Carolina Coalition on Aging and the North Carolina Disabled American Veterans.

<sup>iv</sup> Source: N.C. Institute of Medicine, referencing Thompson, 2004.

<sup>v</sup> Source: Friends of Residents in Long Term Care

<sup>vi</sup> Groups speaking in support of this resolution included: the North Carolina Coalition on Aging, the North Carolina Association of County Commissioners,

<sup>vii</sup> North Carolina has the third highest growth in the percentage of people without insurance. Since 2000, 330,000 NC residents have lost health coverage and now nearly 1 in 5 non-elderly North Carolinians are uninsured.

<sup>viii</sup> The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) assure the solvency of Medicare, (2) assure the affordability of prescription drugs, (3) assure affordable health care for people of all ages, (4) prevent any changes to Medicare that would reduce the current benefit package, (5) strengthen protections against financial fraud, abuse and exploitation, and (6) maintain Social Security's current structure and purposes.

<sup>ix</sup> Groups speaking in support of this resolution are: the North Carolina Coalition on Aging, the North Carolina Association of County Commissioners, the NC Association of Area Agencies on Aging which conducted forums in 59 counties representing the views of more than 500 seniors.